

Name
in
Full

John Brooks.

3/13/X

CERTIFICATE OF DEATH

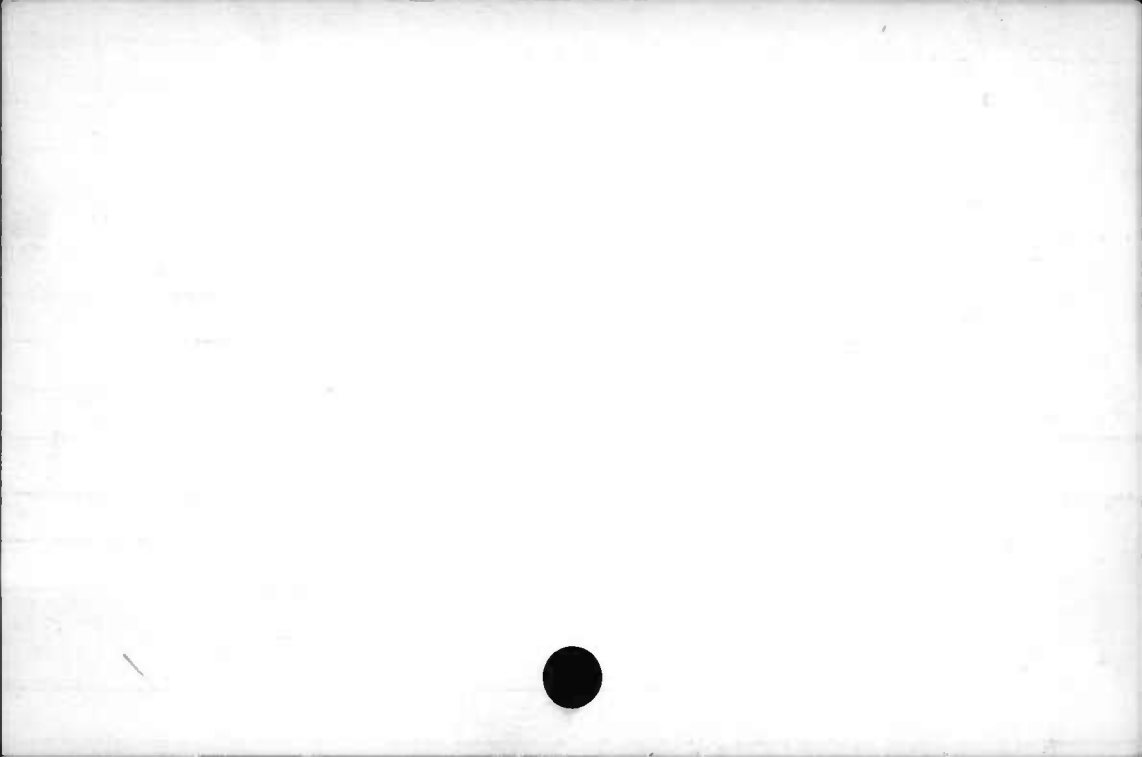
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Peiffers corner</i>		Town <i>Howard</i>		County		
Date of death 1906	Month <i>March</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birthplace <i>Maryland</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>						
Father's Name <i>John Brooks.</i>			Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Clara Jackson</i>			Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>John Brooks</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Doctor</i>	
	Address	
Accident or Suicide?		



Name
in
Full

Maranda Noama Brown

CERTIFICATE OF DEATH

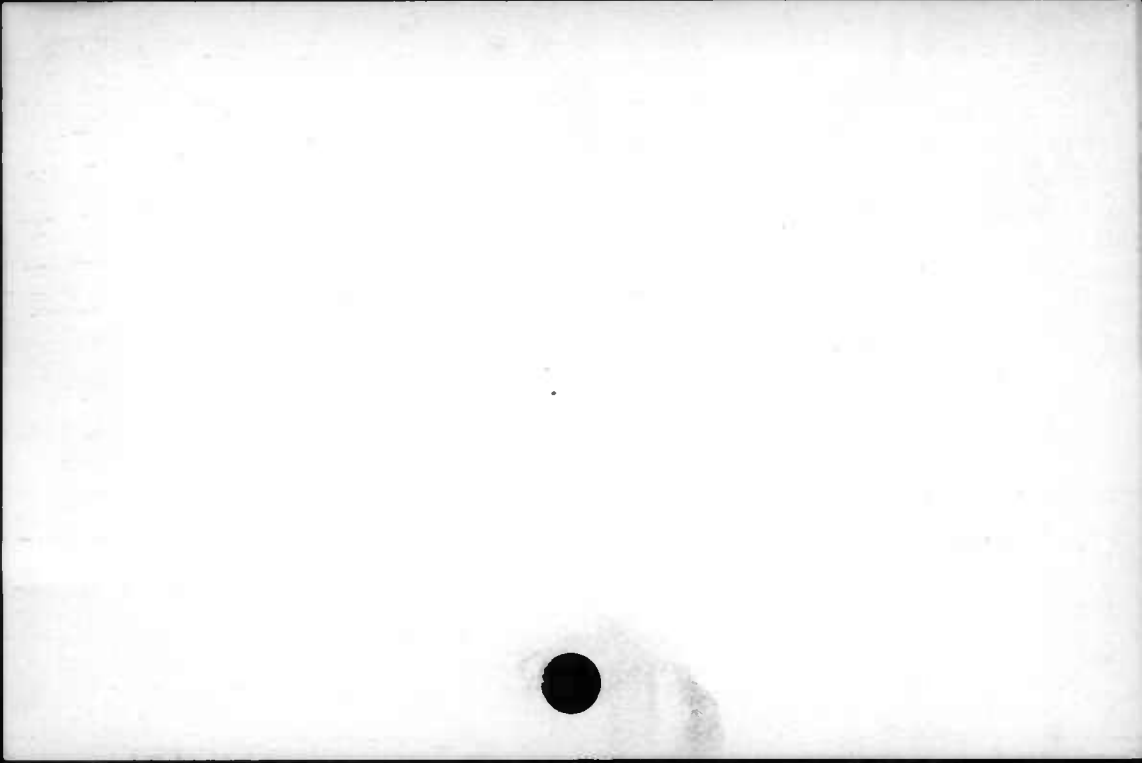
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ellicott City		County Howard		MARYLAND	
Date of death		1906	Month Mar	Day 20	Age —	Months 8	Days —
Sex Female		Color or Race Colored		Birth-place Maryland			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Charles Edward Brown				Father's Birthplace Maryland			
Mother's Maiden Name Carrie E Dorsey				Mother's Birthplace Maryland			
Name of person giving information Charles Edward Brown				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long
Immediate	Heart Failure		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes.		John P. Myers	Ellicott City
Accident or Suicide?			



Name
in
Full

Blanch Byers -

CERTIFICATE OF DEATH

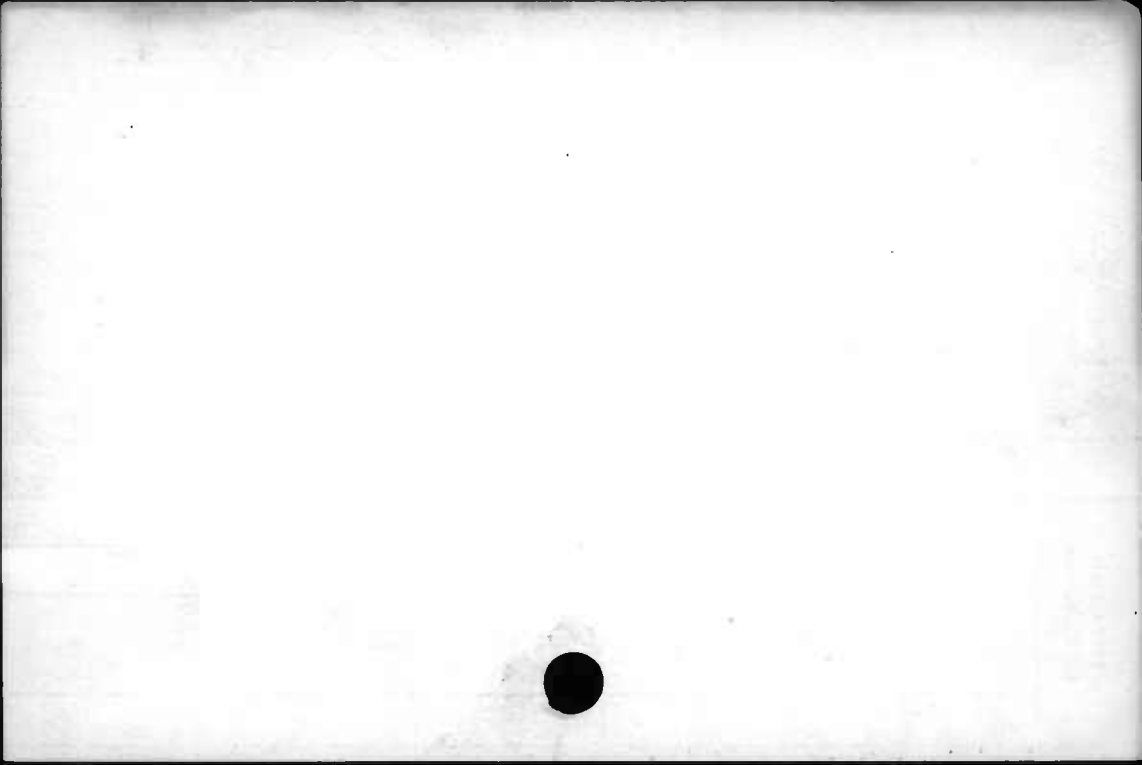
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pfeiffers corner</i>		County <i>Howard</i>		MARYLAND	
Date of death 1906	Month <i>March</i>	Day <i>23</i>	Age <i>2</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>Charles. Byers</i>			Father's Birthplace <i>South River Md</i>		
Mother's Maiden Name <i>Lavinia O Jones</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Charles Byers.</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>long twenty</i>
<i>Broncho-Pneumonia</i>	<i>11 days</i>
Immediate <i>Aschemia</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. L. Owens</i>
	Address <i>Ellicott City Md</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

Rosetta E. Carrick

CERTIFICATE OF DEATH

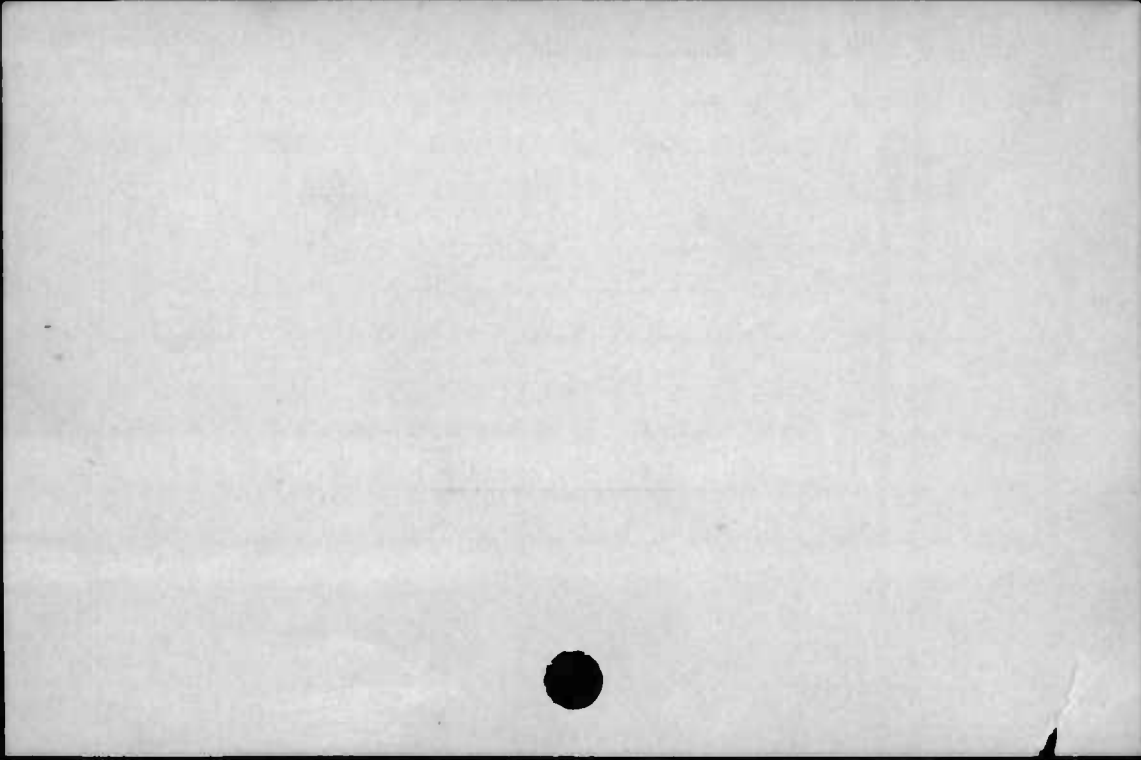
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death	1906	Month March	Day 12	Age	Years 63	Months	Days
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	Housewife			Where Residing if not at place of death at Savage			
Married, Single or Widowed	married		Name of Wife or Husband	John R. Carrick			
Father's Name	Otto Mockabee				Father's Birthplace	Md	
Mother's Maiden Name	Sarah Clark				Mother's Birthplace	Md	
Name of person giving information	John R. Carrick				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	One year
Immediate	Exhaustion		How long	Progressive
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		W. H. Whittier, M.D.		
Address		Savage Md		
Accident or Suicide?		No		



Name
in
Full

Ellen Chambers

3/13/50

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Peiffers</u> Town		County <u>Howard</u>		MARYLAND	
Date of death 19 <u>06</u>	Month <u>March</u>	Day <u>17</u>	Years <u>85</u>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u> </u>			
Married, Single or Widowed <u>Single</u>		Occupation <u> </u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Samuel Chambers</u>				Father's Birthplace <u> </u>	
Mother's Maiden Name <u> </u>				Mother's Birthplace <u> </u>	
Name of person giving information <u>William Chambers.</u>				How related to deceased <u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Old Age</u> <u>(154)</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Had no Doctor</u>
		Address <u>Milton Easton</u>
		<u>Undertaker Ellicott City</u>
Accident or Suicide? <u> </u>		



Name
In
Full

CERTIFICATE OF DEATH

Maril Worsey

Died at *Glenwood* Town

Howard County

MARYLAND

Date of death *190*

Month *3*

Day *20*

Age *17* Years

Months *4*

Days *10*

Sex *Female*

Color or Race *Colored*

Birth-place *Glenwood*

Occupation *Housework*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Joe Worsey*

Father's Birthplace *Glenwood*

Mother's Maiden Name *Muriel Pettin*

Mother's Birthplace *Glenwood*

Name of person giving information *Wm Holland*

(34)

How related to deceased *none*

CAUSES OF DEATH

Primary *General Tuberculosis*

How long *12 months*

Immediate *Tuberculosis*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

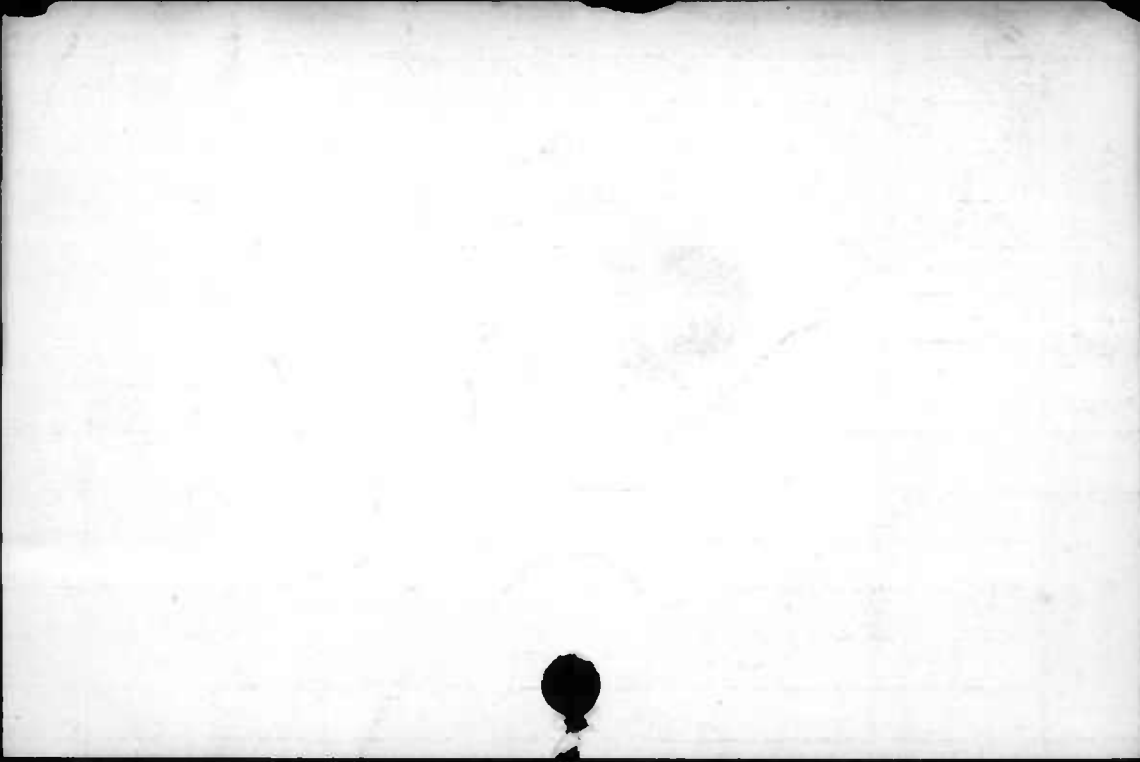
Signature of Physician *W W Eichelberger*

Address *Glenwood*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

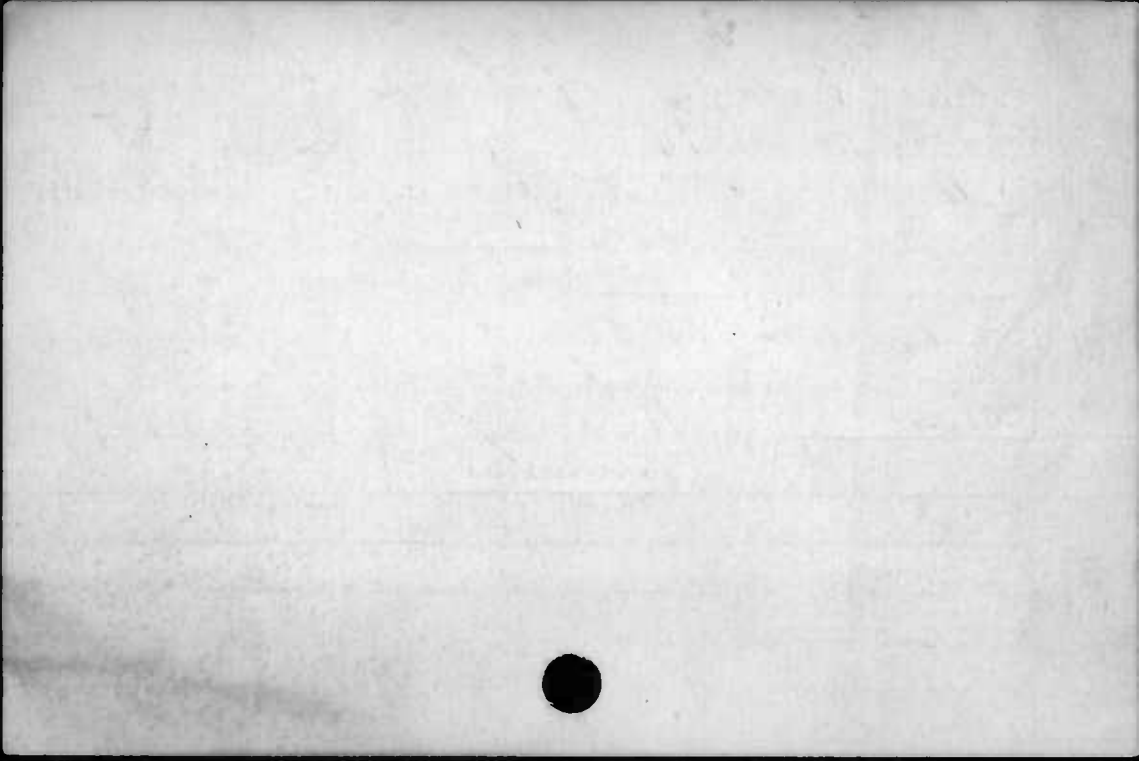
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Ridge</i> Town <i>Howard</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>14th</i>	Age <i>74</i> Years
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ellicheston</i>	Months <i>2</i> Days <i>5</i>
Occupation <i>Stone Mason</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Mary Jane Young</i>		
Father's Name <i>John Downey</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Elizbeth Downey</i>	Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>J. M. L. Downey</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asthma & Bronchitis</i>	How long <i>18 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. R. Eareckson</i>
	Address <i>Elk Ridge, Md</i>
<i>Accident or Suicide?</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pinch Orchard</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death 1906	Month <i>March</i>	Day <i>9</i>	Age <i>1</i>	Years <i>1</i>	Months <i>X</i>	Days <i>18</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>_____</i>				
Name of Wife or Husband <i>_____</i>							
Father's Name <i>William Fuller</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Edie Washington</i>				Mother's Birthplace <i>(92)</i>			
Name of person giving information <i>William Fuller</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho-Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Asthenia</i>	How long <i>11 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. L. Davis</i>
	Address <i>Ellicott City, Md.</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Lucy E. Johnson</i>		Town <i>West Friendship</i>		County <i>Howard</i>		State MARYLAND	
Date of death 1906		Month <i>Mar</i>	Day <i>12</i>	Years <i>56</i>	Months		Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>Maryland</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death —				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Johnson</i>					
Father's Name <i>Theodore Davis</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Sarah Ann Davis</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute Hepatitis</i>	(114)	How long <i>7 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Hebb Jr</i>
<i>Copied from sheet of paper</i>		Address <i>per B. B. A.</i>
Accident or Suicide?		



Name
in
Full

Mary A. Kinsey

CERTIFICATE OF DEATH

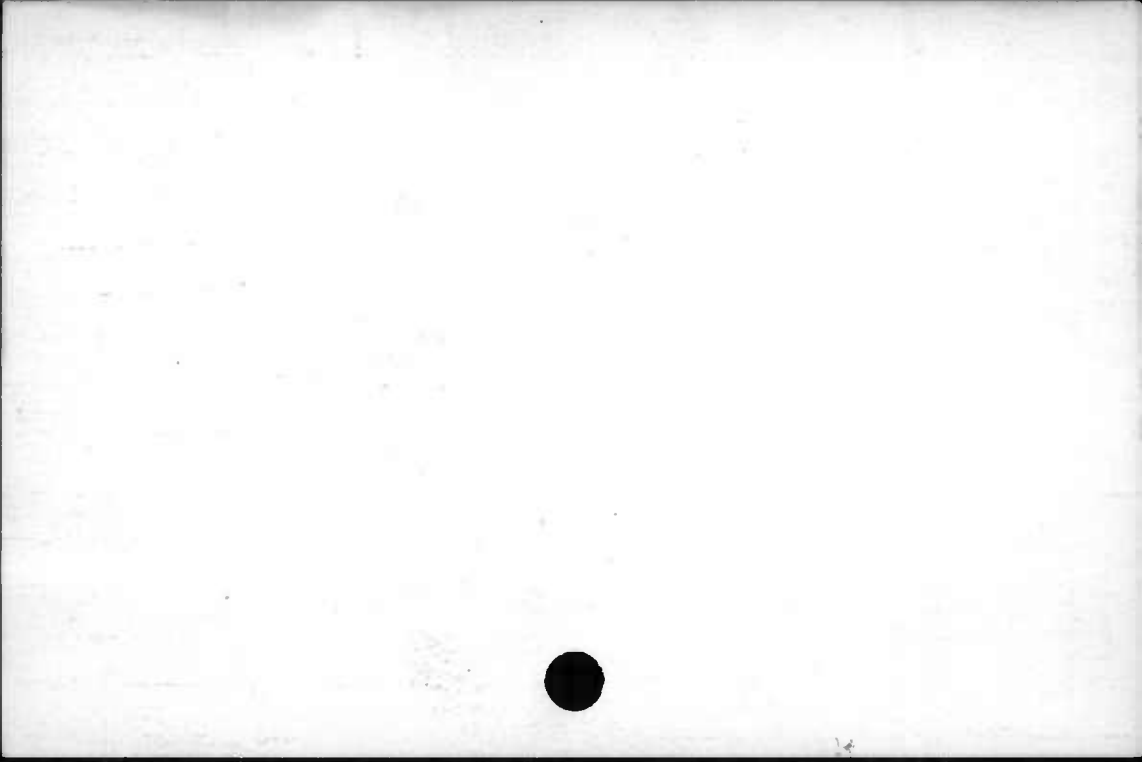
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Mar.</i>	Day	<i>15</i>
Age	<i>78</i>	Years	<i>78</i>	Months	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Maryland</i>
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Isiah Kinsey</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Mrs Clara Morrison</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>104</i> <i>10 min - to my family</i>
Immediate	<i>Asphyxia</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Yes. <i>Yes.</i>	
Signature of Physician		<i>J. L. Brown</i>	
Address		<i>Ellicott City, Md.</i>	
Accident or Suicide?		<i>2</i>	



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Mar.</i>	Day	<i>11</i>
Age		<i>85</i>	Years	Months	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>—</i>	Where Residing if not at place of death		<i>—</i>	<i>—</i>
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Thomas W. Wilson</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Sarah B. Phillips</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Mrs Georgia Talbott.</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>154</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
Signature of Physician		<i>W. B. Owings.</i>	
Address		<i>Ellicott City - Maryland</i>	
Accident or Suicide?		<i>—</i>	



Name
Initial
Full

Elyse Madden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

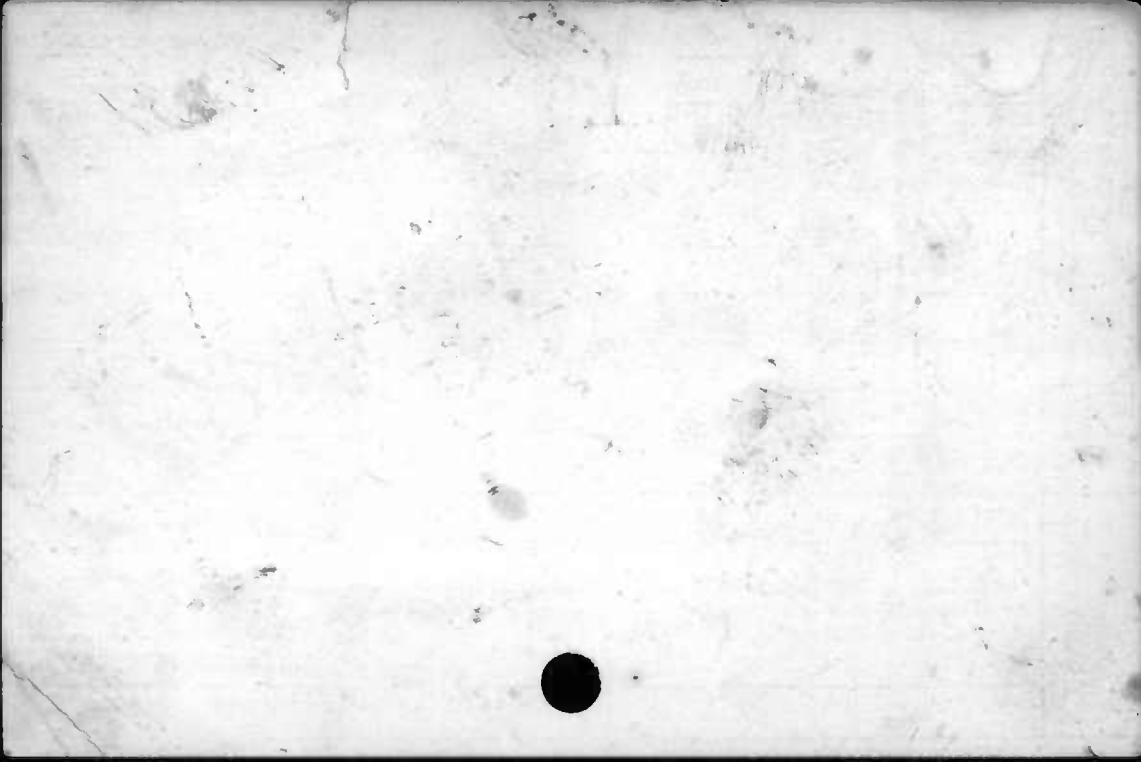
MARYLAND

Died at <i>Elk Ridge</i>		Town <i>Howard</i>		County	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>20</i>	Years <i>80</i>	Months <i>7</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ma</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>7</i>		
Name of person giving information <i>Mr. Stambitz</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long <i>6 weeks</i>
Immediate <i>X</i>	How long <i>7</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. H. Torgue</i>
	Address <i>Elk Ridge</i>
Accident or Suicide?	<i>Ma</i>



Name
in
Full

Mrs Lornice Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ~~Catonsville~~ ^{Town} Ellicott City ^{County} HowardDate of death 1906 ^{Month} Mar ^{Day} 10th ^{Years} Age 56 ^{Months} ^{Days}Sex Female ^{Color or Race} Cold ^{Birth-place} Howard CoOccupation Landlady ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Daniel Myers -Father's Name Elijah Dorsey ^{Father's Birthplace} Howard CoMother's Maiden Name Betsey Dorsey ^{Mother's Birthplace} " MdName of person giving information Daniel Myers - Hunt - ^{How related to deceased} Husband

CAUSES OF DEATH

Primary Hemorrhage ^{How long} 3 monthsImmediate Collapse ^{How long} 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. Cherry M.D.

Address Catonsville Md.

Accident or Suicide?

Copy of one sent. for
undertaker & N. R. Perry, M.D.
per J. May Jr.
& Mr. Morris.
Mar 11/06

Name
in
Full

Clifford C. Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

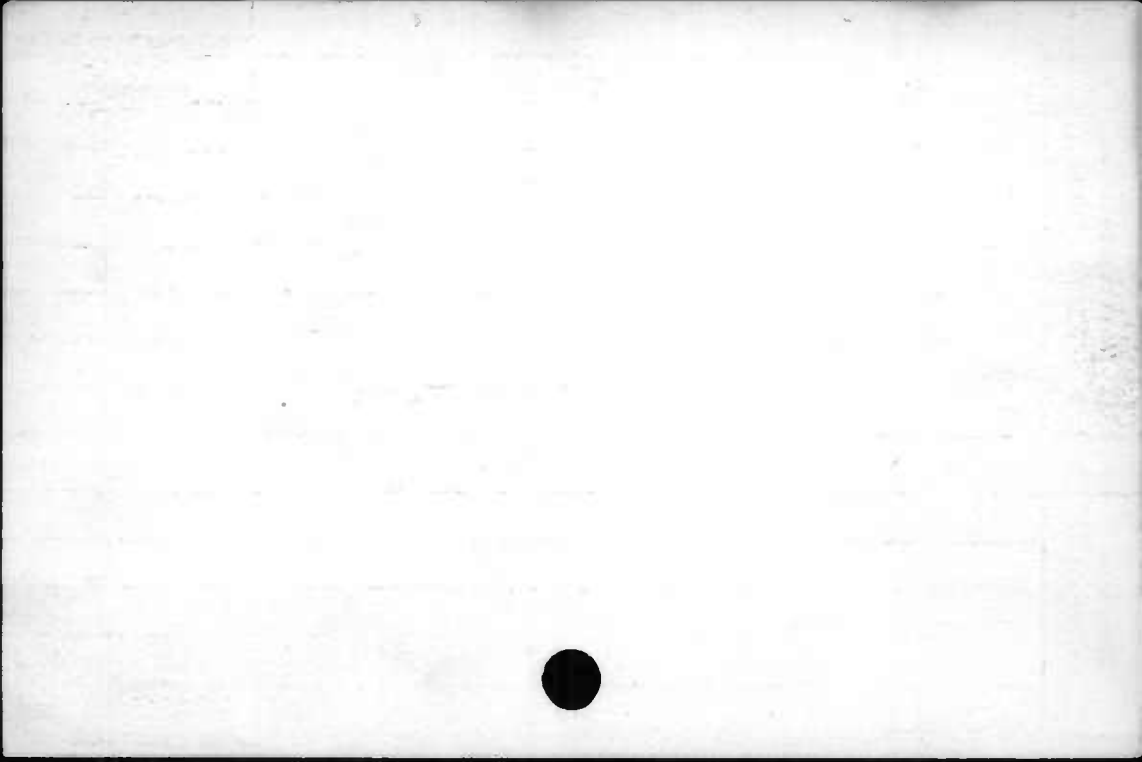
MARYLAND

Died at ^{Town} *Indianapolis*County *Howard*Date of death *1906* ^{Month} *Mar.* ^{Day} *19*Age ^{Years} *35*^{Months} *4* ^{Days} *27*Sex *male*Color or Race *white*Birth-place *Washington Co Md*Occupation *Carpenter*Where Residing if not at place of death *—*Married, Single or Widowed *Married*Name of Wife or Husband *Annie L Nichols*Father's Name *John Nichols*Father's Birthplace *Washington Co Md*Mother's Maiden Name *Mary Elean*Mother's Birthplace *Fredrick Co Md*Name of person giving information *Annie L Nichols*How related to deceased *wife*

CAUSES OF DEATH

Primary *Typhoid fever Comp. by Parotitis and Pneumonia*How long *4 weeks*Immediate *Failure of Respiration*How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Daniel B. Sreacher*Address *Lykensville Md*

Accident or Suicide?



Name
in
Full

John Redwine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Dorsey's Run

County Howard

MARYLAND

Date of death 1906 ^{Month} Mch ^{Day} 28 ^{Years} Age 27 ^{Months} ^{Days} 19Sex Male ^{Color or Race} Colored ^{Birth-place} N. CarolinaOccupation Driller ^{Where Residing If not at place of death}Married, Single or Widowed Married ^{Name of Wife} Elizabeth Smith ^{Husband}Father's Name Alexander Redwine ^{Father's Birthplace} N. C.Mother's Maiden Name ^{Mother's Birthplace}Name of person giving information Elizabeth Redwine ^{How related to deceased} Wife

CAUSES OF DEATH

Primary Pistol Shot Wound ^{How long} 176Immediate Internal Hemorrhage ^{How long} 15 minutes?Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Wm B Gambrell^{Address} Alberton, Md.

Accident or Suicide? Homicide

PHYSICIAN
OR CORONER

11.14

11.14



Name
in
Full

John H. Rowles

CERTIFICATE OF DEATH

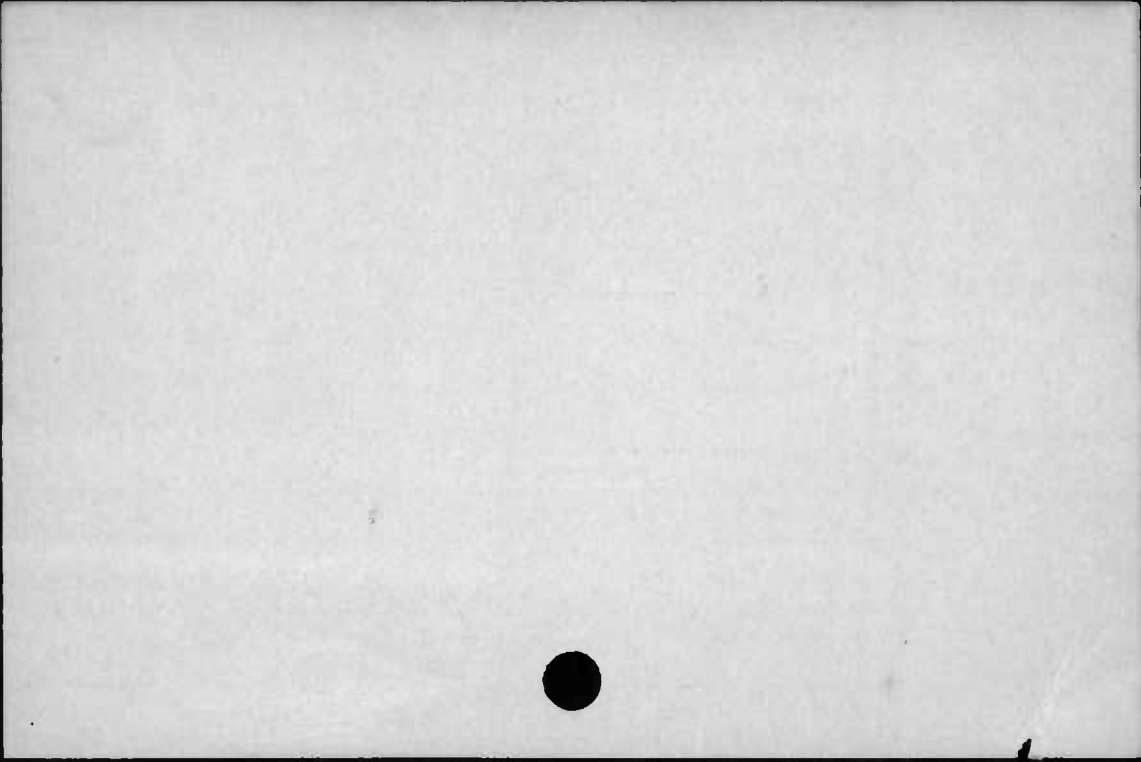
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death	1906	Month 3	Day 13	Age 85	Years	Months 4	Days
Sex	male		Color or Race	white		Birth-place	MD
Occupation	Retired			Where Residing if not at place of death Savage			
Married, Single or Widowed	widow		Name of Wife or Husband	Elizabeth Rowles			
Father's Name	Benj Rowles					Father's Birthplace	England
Mother's Maiden Name	Kizzie Downey					Mother's Birthplace	England
Name of person giving information	Wm. H. Ward					How related to deceased	Son-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infirmitie of Age		How long	20 yrs
Immediate	Heart failure		How long	Prognosis
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. L. Harrison M.D.
			Address	Savage MD
Accident or Suicide?		No		



Name
in
Full


Margaret Shane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Ellicott City</i>		^{County} <i>Howard</i>		MARYLAND	
Date of death	^{Month} <i>Mar.</i>	^{Day} <i>15</i>	^{Years} <i>55</i>	^{Months} <i>5</i>	^{Days} <i>5</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Maryland</i>
Occupation	<i>Seamstress</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>George R. Shane</i>		
Father's Name	<i>Razin Merson</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Sallie Davis</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Miss Janie Merson</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

Primary *Left Hemiplegia*  How long *6 weeks,*

Immediate *as the rule* How long *—*

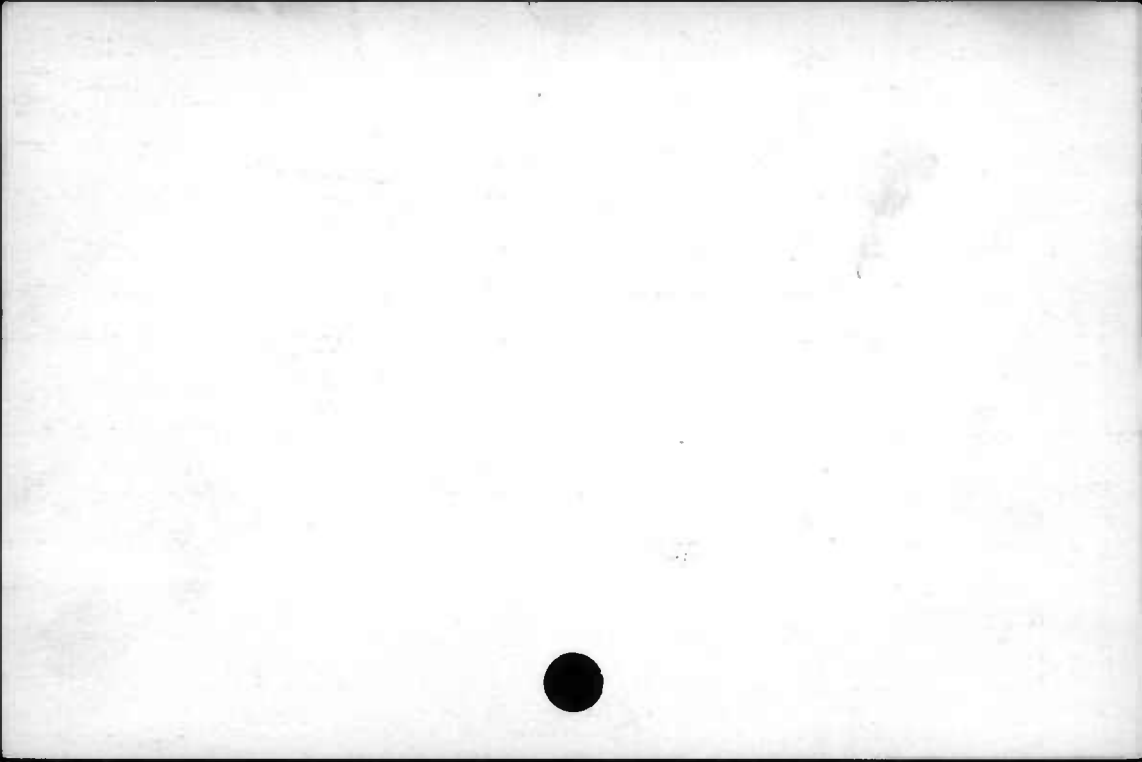
Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

J. H. Brown
Ellicott City, Md.

Accident or Suicide? *2*



Name
in
Full

Maranda Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town		County <i>Howard</i>		MARYLAND	
Date of death 1906	Month <i>March</i>	Day <i>25</i>	Age <i>73</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>colored</i>		Birthplace <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>House keeper</i>					
Name of Wife or Husband <i>Thomas Smith</i>							
Father's Name <i>Enoch Henson</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Sophia Henson</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Lillie Snowden</i>				How related to deceased <i>Heard</i>			

CAUSES OF DEATH

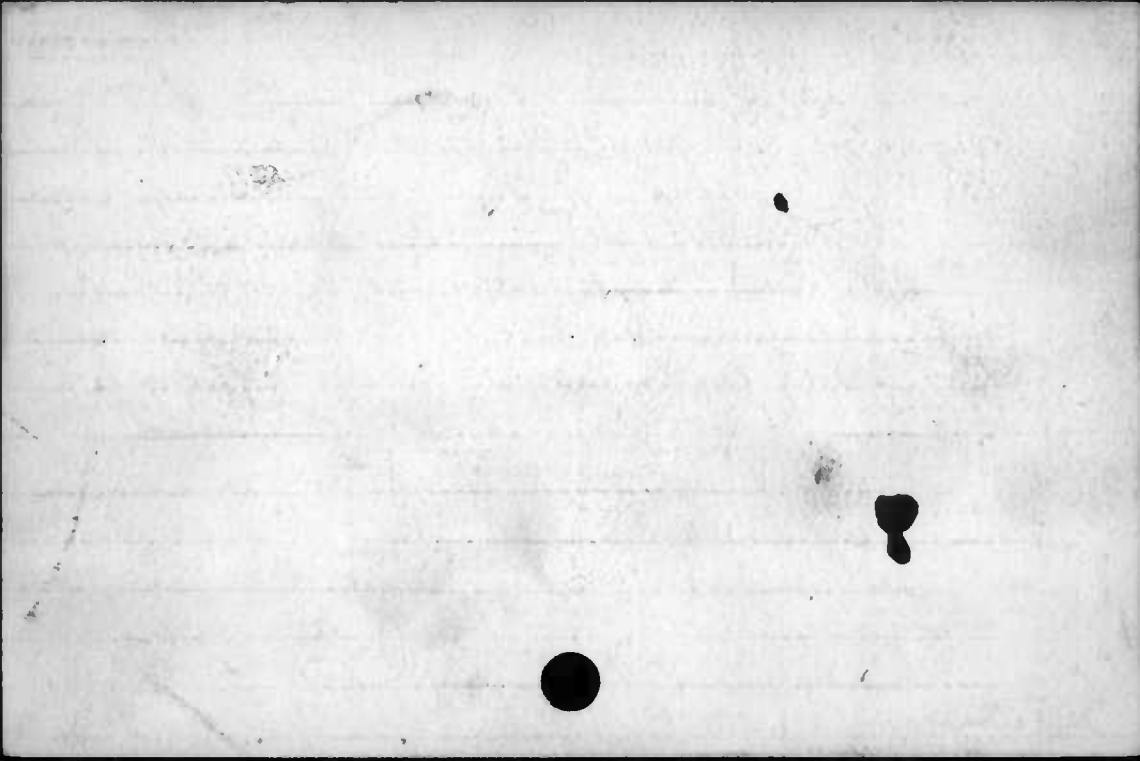
PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>6 days</i>
Immediate <i>Heart-Failure</i>		How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. J. Byrne</i>	Address <i>Ellicott City Md</i>
Accident or Suicide?		



Name in Full		Wm J Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Elk Ridge		Howard		MARYLAND	
	Date of death		1906	March	14	Age	25	Years
	Sex		Male		Color or Race		White	
	Occupation		Mot Maker		Where Residing if not at place of death		Elk Ridge Md	
	Married, Single or Widowed		Married		Name of Wife or Husband		Annie Koenig	
	Father's Name		Robert Smith		Father's Birthplace		England	
	Mother's Maiden Name		Mary E. Grotty		Mother's Birthplace		England	
Name of person giving information		Lash		How related to deceased		Father		

CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	Pneumonia	How long	7 days
	Immediate	Pneumonia	How long	7 days
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		Arthur Williams	
	Address		Elk Ridge Md	
Accident or Suicide?		No		



Name
in
Full

Edward Louise Sullivan Lewis

CERTIFICATE OF DEATH

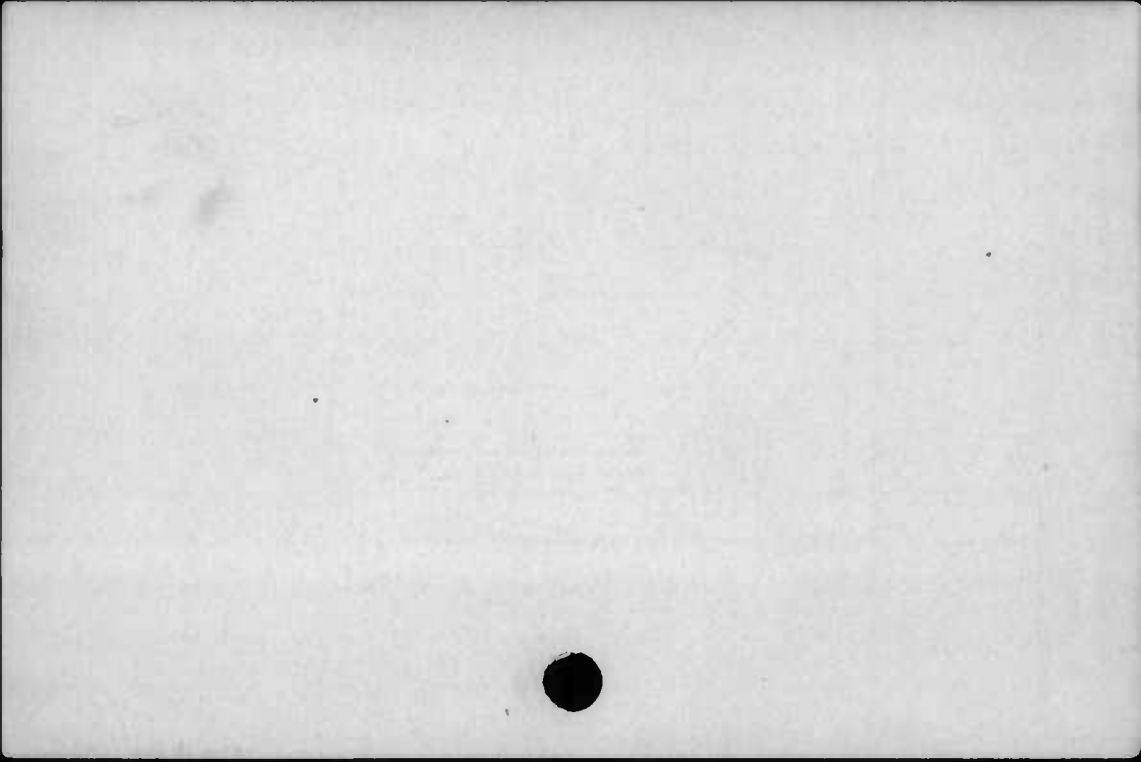
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ivory</i> Town		County <i>Howard</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>13</i>	Age <i>—</i>	Months <i>—</i>	Days <i>8 hours</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>—</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Richard L. Sullivan</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Nettie Elizabeth Mieserode</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Richard L. Sullivan</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature 7 months</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. S. Skelton</i>
	Address <i>West Friends' Chh. Howard County, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
FullWilliam Henry Sullivan *Twin*

CERTIFICATE OF DEATH

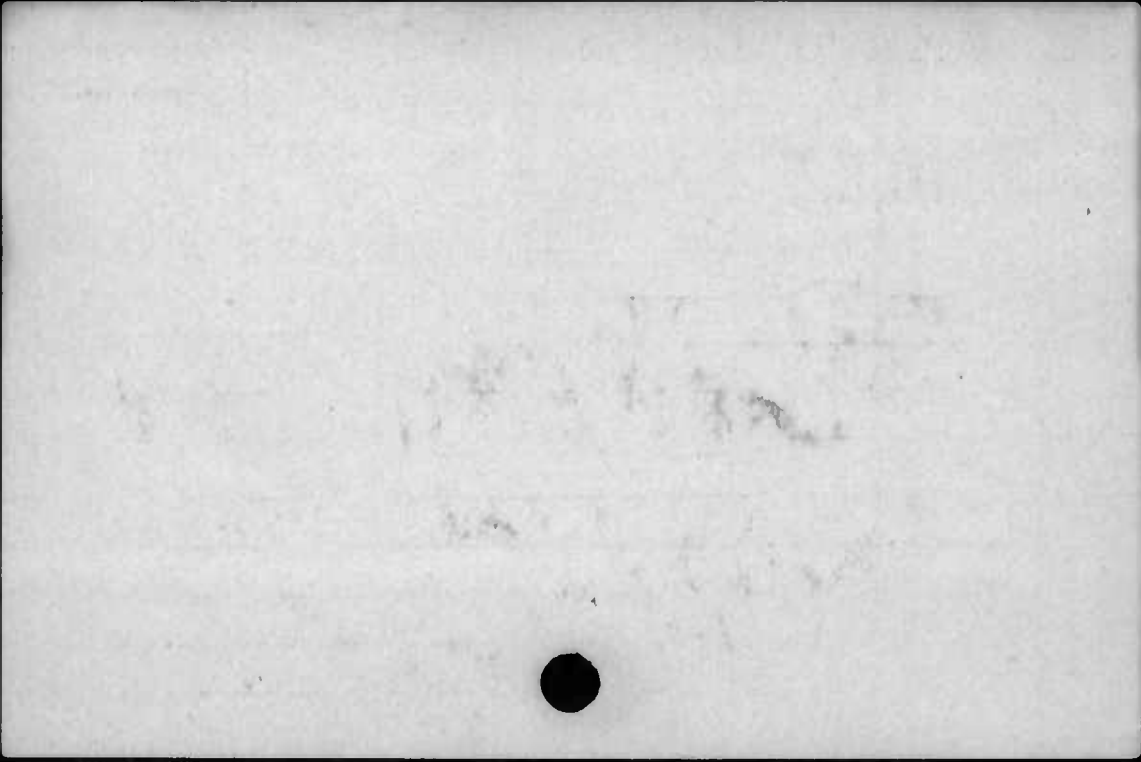
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ivory</i>		Town		County <i>Howard</i>		MARYLAND	
Date of death <i>190</i>	Month <i>March</i>	Day <i>13</i>	Age	Years	Months	Days <i>8 hours</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Richard T. Sullivan</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Nettie Elizabeth Musgrave</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Richard T. Sullivan</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature 7 months</i>	How long <i>151</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. H. Smith</i>
	Address <i>West Friendship Md.</i>
Accident or Suicide?	<i>Howard County Md.</i>



Name
in
Full

Emma Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott</i> Town		<i>Howard</i> County		MARYLAND	
Date of death 1906	Month <i>March</i>	Day <i>31</i>	Age <i>26</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Md-</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>House Keeper</i>				
Name of Wife or Husband <i>Gorge Thomas-</i>					
Father's Name <i>John Lyes-</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Gorge Thomas</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonary</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. C. Stone M.D.</i>
	Address <i>Ellicott City Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Harry Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott</i> ^{Town}		<i>leidy</i> ^{County}		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>March</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>	
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>George K. Thomas.</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Emma Dorsey</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>George K Thomas.</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>7 months child S.</i>	How long	
Immediate	<i>no. Doctor</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Milton Easton</i>
		Address	<i>undertaker Ellicott</i>
			<i>leidy</i>
Accident or Suicide?			

